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THE MEDICAL PROFESSION VS. THE COLLEGES.

[Communicated for the Boston Medical and Surgical Journal.]

THE applications before the Legislature of this Commonwealth, in behalf of pecuniary aid to the colleges by a diversion of the common school fund, revive in my mind the wish that the true relations between our profession and the New England colleges should be fairly canvassed, and the question settled, whether we have been, or now are, treated as an extensive, educated and elevated body of professional men should be, by those having the control and management of these institutions. And as a deduction, we must determine how far they are entitled to a continuance of that good will, constant support against popular prejudices and forbearance, which they all have received from our body, even when their own sectarian jealousies and theological hate were engaged in pulling down each other.

I suppose that it will not be denied that the medical profession of our State, or of New England, stands at least as high, in all the elements which constitute elevation of character, as the ecclesiastical, or legal, or any other class of men, presumptively devoted to useful learning. Nor will it be doubted, that their pursuits, their tastes, their success in the good done, are less respectable, less complete or less elevated, than mark the other, so called, learned professions. In intellectual power there certainly can be no inferiority, in the importance of their aims no secondary estimation, and in the soundness of moral principles and habits, the records of crime and of discreditable breaches of the proprieties of life, can be proudly appealed to for years, to sustain their high position, even above those who make much higher pretensions, and are, from the nature of their sacred office, subjected to vastly less temptation.

Now with all these just, these undoubted claims to a close connection with the cause of education in its highest forms, the physician has been, from the first foundation of New England colleges, a proscribed man. Why has he been overlooked in their origin, unconnected with their management, unnoticed in their honors? If this has been from theological jealousy, from non-appreciation of his noble profession, or from undervaluing his personal character, which he cannot hide by a cloak of gravity, or make sacred by conventional traditions, he has a right to complain, and to insist that he will correct the injustice in view of his successors and the high dignity of his holy avocation. If, on the

other hand, he is ostracized from these duties and these honors, because he is not equal to them, because he is not worthy to sit on the upper seats of the commencement synagogue with (Heaven save the mark!) "Honorables" of all shades of politics, and "Reverends" of all colors of theology, is it not time that the profession shall cut clear of their connection with colleges, which pretendedly originated in the desire to aid the cause of medical culture, and make the effort to secure such an education, as will enable it to play "no second fiddle" in a social or literary position.

Let me state a few illustrations of the notorious fact that the profession has no connection with the control or management of these colleges. They have been gathered from an hour's examination of such documentary evidence as has been at hand, and I sincerely hope that some members of the calling, possessed of that *esprit du corps* which would render a slight to the profession almost a personal indignity, will pursue the inquiry under circumstances more favorable for a thorough, searching investigation. I would especially hope that the respectable delegation of medical gentlemen who sit in our legislative halls, will satisfy themselves, before they aid in deciding whether common schools shall be neglected in order to favor colleges, whether matters so stand between their vocation and these latter institutions, as justice, propriety and the public interest have long demanded?

I would, then, observe, that at the present time the name of no medical gentleman is found among the seven fellows or trustees of Harvard College; and among the twenty-nine regular overseers, but a single one, and that, too, of a gentleman long connected with the same college as a teacher of medicine. In the board of trustees of Williams College, consisting of sixteen, one only, and he a resident of the village, and as such having a direct personal interest in the concern, is found. At Amherst, in a board of seventeen, we find one, a gentleman from a distant section of the State, eminent in his calling, but more widely known as identified with the usages, hopes and feelings of the religious denomination who control the institution. Of the eight overseers of the fund of this College, no one is a physician.

At Yale College, by the last received triennial (1841), a board of eighteen fellows or trustees contains no medical name.

At Dartmouth, a board of twelve trustees shows us the name of no physician; and what is peculiarly noticeable as indicating "a foregone conclusion" of long standing, an investigation of the triennial catalogue shows that there *never has been* a physician in its board since its foundation in 1769!

At Bowdoin, no one of the thirteen trustees is of the medical profession; and here, also, is indicated the same fact, that there *never has been* a physician in its board. It should be stated as a qualification of this exclusiveness in New Hampshire, that in several instances when a physician was *elevated* enough to be the Governor of the State, he had a seat *ex-officio*, among, probably, unwilling colleagues, but in *no case* by any action of theirs.

Our means at hand do not allow an insight into the other colleges. Perhaps enough is shown in these, *two* physicians amongst eighty trustees, to exemplify the principle.

As to this jealousy or neglect of any medical interference in these colleges, a straw of indication has been blown across us, in an announcement, within a few days, of the annual appointment of Examiners at Harvard College for the ensuing year. Thirteen committees, comprising a total of 119 members, exclusive of Governor, Council, &c., "were reported by Mr. James Savage, from the committee to nominate visiting and examining committees." On twelve of these thirteen boards, the name of no physician appears. On the Examiners in Physics, six physicians are named, *all of the city of Boston*, and constituting only a *minority* of the committee.

When we remark that the whole medical appointments are crowded into one committee, and that the one presumptively nearest their pursuit, with a clerical chairman, totally unheard of in the scientific world, it would seem like a designed intimation that the profession had no claims to notice "beyond the shop"—that while clergymen, lawyers and merchants are scattered liberally through committees on languages, literature, moral and intellectual philosophy, mathematics, history, &c., the few physicians are all found in the examination of physics. It is no far-fetched explanation that had it not been that the *physical* cognomen of this committee recalled to the appointing body the existence of such a class as Doctors in *Physic*, they would have been forgotten here also.

It would require a volume to show how intimately in the old world the names of physicians have been connected with every department of science and literature or of business, named in the subject of these thirteen examinations. The names of Locke, Brown, Abercrombie, Combe, in moral and intellectual philosophy; of Goldsmith, Smollett, Akenside, Darwin, Armstrong, in English literature and poetry; of Olbers and Young, in astronomy; of Good and the American Oliver, in Greek letters, and a vast many others, demonstrate that the pursuits of the physician are as nearly connected with science, literature and the arts, as those of the clergyman or lawyer. If the fact be otherwise in this country (and it is thought that a little inquiry will show the names of many physicians well versed in every branch of learning, although unheralded and unboasted) what apology or explanation can save those who have so long controlled our colleges and have professed to take care of the preliminary education of the physician, and who still have left him in a grade below that of the mother country as respects his literary or scientific position? If in all Massachusetts, no medical man can be found to sit by and hear the usual teacher examine his class in any of the branches recognized in these examinations, the state of the profession is low indeed! Perhaps it might not be too much to say that the Commonwealth *could* furnish medical gentlemen who could take the lead in any of these examinations without presumption, if the laws or custom would permit any other person than the regular *habitual teacher* to *put the question*—a mode of examination so absurd as to be dropped at most grammar schools when

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the superintending school committee visit, but which was adhered to at Cambridge a few years ago, as it probably now is, when one of the gentlemen composing the committees now under review, proposed that they should have a hand in the investigation. It was peremptorily refused.

The examining committee on modern languages, for illustration, consists of eight members, but no physician. Who can doubt that of the hundred medical gentlemen in this vicinity who have received more or less of their education in foreign countries, there might be found at least one capable of appreciating all of this kind of literature presented in a class of under graduates?

Another fact or two is forced upon the attention in running over the composition of these committees. No less than forty of the whole one hundred and nineteen are clergymen, and between eighty and ninety reside in the single city of Boston and its suburbs. For an institution claiming to represent the educational interests of the Commonwealth, and now an applicant for its impartially distributed aid, a narrower specimen of *cockneyism* or exclusiveness cannot be found.

Having had a brief look at the part our profession has had in the control of colleges, let us measure our standing with them in another way—our participation in their honors. It is well known that the highest of these is the degree of LL.D. This has been conferred by the various colleges—and sometimes with a pretty free hand—upon persons of various professions, whom they have deigned to honor, without reference to their legal acquirements, as its terms would imply. The degree of D.D. has also been applied, not unfrequently, by the various colleges, to the leading clergy of their respective denominations. That these higher honors are not *very* rare, may be inferred from the fact that they are borne by twenty-two out of the twenty-nine overseers of Harvard College, derived from that or some other college. Who ever heard of a physician receiving an honor of this kind from a New England college? Yet who doubts, if a foreigner should inquire whom we regarded as our greatest men, that the names of one or two physicians would fall within the first and every succeeding half dozen, presented by any citizen?

At times it has been severely complained of, that the colleges within and beyond New England were cheapening these highest degrees by bestowing them too liberally. Indeed, some of the colleges seem disposed to remedy this objection by abstaining almost entirely from conferring them; or give them mostly to foreigners, whose names have never reached the body of our people. It surely never will be charged that they have belittled their honors, by going into the medical profession! That, fortunately, has been the recipient of no favors or honors, calculated now to place them in a delicate position in judging these institutions!

While the colleges have thus dealt with our profession, how has their neglect been returned? Our medical institutions have been of the highest value to the colleges; graduating often as many as the college classes, occasionally supporting for their joint use a chemical professor

for years, paying handsome perquisites for graduation signatures, and many such collateral aids, to say nothing of the addition to their numbers, influence and reputation. These medical schools have always been brought into existence by enterprising physicians, and have been by them sustained, without the slightest aid from college trustees. They have been located at, or attached to colleges with the honorable desire of increasing the advantages of both by the aggregation of scientific means and men. Is there a single instance in which the advantages of this union have been reciprocal? Would it not always have been better that the medical institution should have been located in that better place, always sacrificed by the useless contiguity to a college? In plain homely terms, has not the medical profession assisted about long enough in blowing the bellows of the colleges, without reward or recognition of the service?

THE NOSTRUM TRADE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The advocates of temperance have done the world efficient service. Nevertheless, they are not always wise; certainly, not always successful in their adaptation of means to proposed ends. Nor are they always just in their judgment of others whose opinions differ from their own. They are especially unreasonable in claiming for their own favorite topic, the traffic in ardent spirits, that super-eminence of importance which flings all others into the shade. I make this prefatory charge on a class of men that will be ultimately acknowledged as the benefactors of mankind, for the double purpose of checking, in myself, our common tendency to ultraism on our favorite subject; and as a deprecation of the hasty judgment of those who may deem the opinion extravagant, that the nostrum trade, in its evil influence on the physical, intellectual and moral interests of the world, has become not merely its rival, but its successful competitor. As the subject is patiently investigated, in all its bearings and influences, direct and remote, on individuals and communities, it soon ceases to be regarded as a harmless folly; or as light and transient in the injury it inflicts; and assumes an importance little suspected, in its power over the health and happiness of men. Unfortunately, the same process of inquiry which reveals the magnitude of the evil, also discloses obstacles, apparently insurmountable, in the way of its removal. These consist mainly, in the cupidity of those interested in the trade, and in the credulity, not merely of the ignorant, but of the more intelligent.

The statistics of the trade are truly astounding. In the country, the amount of money annually paid for the various nostrums that follow each other in rapid succession, and in countless numbers, undoubtedly exceeds the sums paid to physicians for their services. In our cities, probably, the balance in favor of the *trade* is still greater. Add to this the fees exacted by mountebanks of every sort, from the impudent mes-

merizer, down to the hypocritical or fanatical homœopathist, and the proportion of compensation to the regular physician dwindles to an insignificant pittance. And yet, inconsiderable as it is, it would doubtless be less, if knaves, and fanatics, and fools, would cease to give advice, and the people would cease to drug themselves with nostrums. Meanwhile, let not the nostrum vender and the mountebank solace themselves with the pleasant unction, that they are filching fees from the regular physician. Their own handy-work is the source of half the cases of impaired health and broken constitutions we encounter, and of half the compensation we receive. If we alone were interested, we might justly regard them as benefactors.

And what shall we say of the hundreds of printers and publishers, editors of newspapers, some of them religious, men, otherwise, of irreproachable character, that can consent to become accessories in this conspiracy against the pockets of the people; when most of them *do actually know* the falsity, and can appreciate the absurdity of the statements to which they give currency? And how can our apothecaries, those of them especially who are intelligent, moral, and conscientious men—and many of them are such—how can they urge on the pernicious and pestilent traffic, and yet “keep consciences void of offence”? In the shop of such an apothecary, the spacious walls of which were covered with gaudy handbills, trumpeting the wonders, each of its infallible remedy for all the diseases, known and unknown, in the universe, I recently saw one of my own patients, the subject of a slow, and, probably, incurable pulmonary disease. For several years, I had occasionally prescribed for him, and though I never expected his restoration to health, I looked for prolongation of life, with comparative comfort to himself, and usefulness to his family. He is an excellent man, but credulity is his infirmity. So—he must needs be victimated. His thousand and one infallibles had already been swallowed, always with results evidently unfavorable; and now he was in the shop of my friend the apothecary, peering, as if for the words of eternal life, among the lying handbills posted on its walls. My friend sold him another nostrum. In another instance, an estimable man consulted me for gastric derangement, for which I prescribed abstinence from medicines. He got well—but wished to be better. So he betook himself to nostrums; though, for the following fifteen years, he consulted me occasionally. In all that time (I was his only physician) my books show bills against him, for medical advice, to the amount of some *six dollars*. During the same period, I was credibly informed he had probably paid from *five to six hundred dollars* for nostrums. They were operative at last, and he took his bed, and sent once more for me; when, after an attendance of a few weeks, I consented to humor him by recommending a journey. He will never return. In another instance, during my gratuitous attendance on an individual who was really unable to pay me, he expended fifteen dollars (procured clandestinely, and at a ruinous sacrifice) and secretly purchased and swallowed the money's worth of Morrison's pills! No wonder he died. These are only a few of the

many hundreds of illustrations which an experience of thirty years has furnished me, of the cupidity of nostrum venders ; and the folly of patients ; and the disastrous consequences of substituting medicines for bread.

That the medical profession itself may have contributed something to the formation and growth of this morbid propensity, by their own prescriptions, will not be denied. We sometimes help on the evil by unwisely consenting that a patient may swallow a nostrum, for the very insufficient reason that we hope it may be harmless ; and thus, the infirmity of the medical adviser conspires with the importunity of the patient, to his own injury, and the discredit of his physician. My own experience has not unfrequently been enriched by something like the following. " Good morning, doctor. Well—its of no use, this tampering with gruel : don't you see, I'm bilious, and I'm gone for it, unless I can have 'strengthening bitters,' or 'bracing syrup.' I think I'm troubled with worms, and 'Hull's physic' is reckoned good for them. What do you think of the 'Great Indian Restorative' for the vertigo ? I came near dying of it last night, just after I took the 'sub-tonic stimulant' that Dr. Stingo recommended for my hiccups. What do you think of 'Ives's Bitters' ? By the way, I'm satisfied 'The Tonic Laxative' will be good for me. As for your saline draught, I could never bear it. Its too cold on my stomach, and the rice and chicken tea won't set, any how, unless I *correct it* with 'hot drops.' "

If we have participated in the fault, there is the more reason that we bestir ourselves for the removal of the mischief. But how shall it be done ? It cannot be effected by direct access to, or influence over, the minds of the masses, who are the *consumers*, annually, of thousands of cartloads of *mortal drugs*. Nor will ignoramuses or fanatics perceive the fallacy of their fancied discoveries ; nor will knaves yield the profits they realize on their pretended infallible nostrums. But what could these do towards filling the land, and the world, to overflowing, with worse than Egyptian plagues, without the agency of intelligent and reputable men ; printers, publishers, merchants and apothecaries ? Comparatively, nothing. With few exceptions, literary, political and religious newspapers, of every party and creed, publish all the disgusting nonsense and absurdity appertaining to the subject, and crowd their columns with its filthy details. The evil has become so enormous that the eye revolts at the very sight of a printed paper. Turn where we will, every package from the grocery, and every bundle from the shops, is wrapped in advertisements that flout us in the face with "Brandreth's Pills," and "Hungarian Balsams." There is not a nook or cranny in the wide world, that will hold a fragment, from which bits of newspaper may not be dislodged, vaunting of "wonderful cures" and "great northern remedies." The press teems and groans with the labor. We stumble upon medicated parcels in every public walk, and in every private way ; and the air we breathe is unctuous with the redolent stench.

I may have been too sweeping in the assertion that all our newspapers are thus desecrated. The New York Observer lies before me, on which I find no such contamination. The Vermont Chronicle is

probably uninfected. It is nevertheless true that I have frequently encountered religious publications, abounding in such immoralities. I will not insult the common sense and intelligence of your readers, by stopping to prove that the publication of known falsehood and palpable absurdity, with felonious designs on the pockets of others, and wanton disregard of their lives and health, is an immorality. The conductors of our public journals, as a class, are men, fully competent to appreciate the views I have presented; and I doubt not many of them have thoughtlessly contributed to the success of heartless speculators, and to the injury of their fellow creatures, when their principles and their feelings would have revolted at once, in view of the mischief and the villainy they were aiding to perpetrate. He who holds the doctrine that if a man *will* swallow poison, he may as well pocket the profit on the drug himself, as another—is incorrigible. I leave such to themselves.

Apothecaries, too, should be held responsible for their share in this conspiracy against the property, and the lives, and the morals, even, of their fellow men; and can physicians justify themselves for submitting to purchase their medicines from shelves dishonored and defiled with the abominable farragoes of knavery and folly? It is but reasonable to demand that *medicines* should constitute a separate branch of trade, and be kept clear of the meddlers with nostrums and secret remedies.

Shall I be condemned as an officious "meddler" myself, if I suggest to our public teachers of medicine that they enjoy better facilities than others, for enlightening public opinion; for correcting popular prejudices, and for giving a right direction to public sentiment, on a subject which yields to no other in its importance to the well-being of society? In your own Journal, I have seen more than one allusion to the difficulty of finding material for "introductory lectures;" or, perhaps, more accurately, to the tact necessary to make them interesting, after every topic has been so often and so ably appropriated. I confess, I could not fully feel the truth of the suggestion. My own gathered store of "introductorys," accumulated during the last thirty years, constitutes a portion of my humble library, valued, perhaps unwisely, scarcely less than any other. Certainly, their general distribution has contributed not a little, to interest, and elevate, and liberalize the profession; and far from a diminished interest, I look for them annually, with increasing eagerness, as the racy dessert, after the more prosy fare of medical books. Are not these the very medium through which to gain access to the popular mind?

Yours respectfully,

St. Albans, Vt., Feb., 1848.

J. L. CHANDLER.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.—NO. III.

BY F. WILLIS FISHER, M.D.

INFLAMMATIONS—ERYSIPELAS—DIFFUSE PHLEGMON.

INFLAMMATION is one of the most common diseases, whether it be primitive or consecutive. There have been 96 cases in which it has been the

principal disease. We have also had 19 cases of erysipelas, 7 of diffuse phlegmons, 2 of malignant pustules, 1 of otitis, 1 of psoriasis, 7 of white swellings, 3 of abscesses by congestion, 48 of inflammatory abscesses, 1 of erythema, and besides these there have been a great many cases attended by complications. The inflammations we have treated the past year have not been dangerous, for out of the 96 cases there has been only 1 death, and that was from malignant pustule. All things in other respects being equal, the inflammations and abscesses which do not proceed from an external cause, but which arise spontaneously, as it is said—because the cause is concealed and internal—are the least dangerous. Erysipelas as a complication of wounds is more grave than spontaneous erysipelas. These inflammations are general diseases, and may affect all the tissues, either separately or together. There have been inflammations of the skin, of the cellular tissue, muscles, synovial membranes, vessels and nerves; they are general as to their causes, which may be internal, external, and of every nature. Much might be said upon inflammation, as it is one of the most extensive subjects of pathology; but fearing we should encroach upon general pathology, we shall pass to the consideration of the different kinds of inflammation that have been observed in the wards during the past year.

Erysipelas.—We have said that there have been 19 cases of this disease. It may be developed in any region of the body, and under the influence of the most diverse causes; nevertheless, there is always an internal and general cause. When erysipelas arises under the influence of an internal cause, we have a medical erysipelas; that which arises under the influence of a traumatic cause, is the surgical erysipelas; the external cause may be the bite of a leech as well as a large wound. We cannot voluntarily cause an erysipelas, and when it is declared we cannot prevent it from spreading and running through its periods. This well proves that there is an unknown cause which rules over its birth and evolution. Erysipelas, like the eruptive fevers, has a period of incubation; the patients express an uneasiness, agitation, gastric trouble, and, two or three days after this, the erysipelas shows itself. This is surely not under the influence of the traumatic cause, which is often very slight. The gravity also of erysipelas varies singularly. There have been 6 cases of spontaneous erysipelas of the head, none of which proved fatal; moreover, some of them have been complicated with wounds. One of the patients affected with erysipelas has died; he had a malignant pustule: another has also terminated fatally; he had a caries of the parietal bone, which was attended by suppuration. If these patients had had only the erysipelas, their chances for convalescence would have been much greater. An erysipelas cannot be considered as of equal gravity when it happens in the midst of perfect health, or after a typhoid fever. An erysipelas as a complication of wounds may itself be complicated with different diseases, with gangrene, for example. Erysipelas is a particular disease, distinct from angioleucitis, diffuse phlegmon, phlebitis, erythema, &c.; we see that it is an extended inflammation, having, in the whole extent of the part affected, a nearly uniform

redness, limited in its periphery by an uneven border of a color as intense as the rest of the patch, and contrasting with the white color of the healthy peripheric tissues, the edge making an appreciable relief to the fingers, and sometimes to the eye. All these characters are pathognomonic. Simple erysipelas never terminates by suppuration, seldom by gangrene, and does not generally last more than a week in the place where it first appears. It passes successively from one point to another, and it may thus last longer; but if we take a determined point, it does not last there longer than four or five days. It is no more in our power to arrest an incipient erysipelas than to arrest a case of variola; we may moderate the symptoms, oppose its extension, and render it a mild disease perhaps—but we can never subdue it. Yet it is daily said and reported, and is stated by writers, that such and such a remedy cures erysipelas. In fact, if a practitioner applies his favorite method of treatment to a series of cases of erysipelas that have no tendency to spread beyond a particular boundary, and which naturally runs its course in five or six days, he supposes that it is his treatment that overcomes the disease; but another practitioner adopts and pursues the same method in a series of cases that happen to be of a more serious character, and he fails to cure the disease, and his patients die. In the one series of cases the treatment is marvellous; in the other it is totally inefficacious. How is this to be explained? Topical applications have been highly extolled and recommended, but have seldom proved successful in curing. The reason of this is obvious. It is because erysipelas is not a local disease, a simple inflammation of the skin—but depends upon a general cause for its development. In some particular cases local remedies may have some favorable effect. General depletion, emetics, cathartics and many special remedies have been recommended and tried, but these have succeeded no better than the local applications. To be able to attack the disease with the hope of success, and to overcome it, requires a knowledge of the laws that govern it. It is not sufficient for one to know that this law, or the cause, is a general one.

Diffuse Phlegmon.—Seven patients have been received into the wards whose principal affection was diffuse phlegmon. Six of these were cured—one left the hospital in nearly the same condition as when admitted. In these patients we have had an opportunity of seeing how much diffuse phlegmon differs from phlegmonous erysipelas, phlebitis, angioleucitis and erythema. In all the cases there have been swelling, active inflammation, and a tendency to suppuration, which, if the disease be not arrested, always supervenes after three or four days, whatever have been the treatment. And the reason of the occurrence is this—which is a very important fact. The tissues which are the seat of the disease become affected by mortification, and this once having taken place, suppuration cannot possibly be prevented, and the disease must terminate thus. This fact being known and appreciated, the practitioner can have no confidence in the numberless means that have been proposed to cure the affection.

The time employed in mercurial frictions and repeated blistering, is so

much time lost; we must abandon all hope of effecting a resolution. But is this a reason why we may not cure the patient? Certainly not! The cure must consist henceforward in eradicating the gangrenous parts in the shortest time possible. Shall we employ caustics to open the parts, and establish a passage to the gangrenous part, so as to favor the process? Certainly not! And for this reason. The opening made by the aid of caustics is not sufficiently prompt; time must elapse in order that the tissues may be destroyed and an eschar formed; and after this, it will sometimes take three or four days before the eschar, formed by the caustic, falls and permits the matter peculiar to the disease to pass off. The bistoury does the work more readily, and must be used not only from the moment suppuration is established, but even from the moment that it is about to establish itself. From the third or fourth day no time should be lost in making an opening, if we wish to avoid the suppuration become necessary, and not allow the diffuse phlegmon to increase and extend itself to other tissues; any lost time may prove fatal to the patient. It is all important to know the moment when the incision becomes necessary, because we may then insist on the operation with the patient, who always refuses to submit to such operations. In private practice, for example, if we propose to a female to make an incision in the fore arm or any other part that is generally uncovered, she will instantly protest against it. We must insist upon it, especially if suppuration becomes inevitable, for it will be the only means of preventing the progress of the disease. Point out to the friends and patient the danger, and it is only by your insisting on the operation, and your conviction of its utility, that you will obtain their consent. The part where diffuse phlegmon happens varies much, and its depth modifies infinitely the gravity of the disease; but it most frequently shows itself in the subcutaneous cellular tissue. This layer of tissue may be considered as composed of many strata; the most superficial one of which, is a tissue adherent to the skin, with which it has intimate connections. This tissue is composed of fat, cellules, lamellæ, fibres, vessels and nerves, intermingled in a thousand ways, like the tissue of felt; it is called, by Velpeau, felted. Still deeper, and in connection with the aponeuroses, the cellular tissue is not disposed in the same manner. It is composed of foliaceous lamellæ, detached one from the other in a certain extent, and may be easily separated by traction, without the aid of the bistoury to dissect them. We see that whilst the separation is easy in this last portion, it is otherwise in the felted layer, and this difference between the two layers is of great importance in surgery; for the process of inflammation will be entirely different in each of them. Between the superficial layer of the subcutaneous cellular tissue and the skin, an inflammatory action is developed; but the want of permeability, the density and compactness of the tissues, are opposed to the great extension of the disease, which will remain limited and circumscribed. Here, then, is the place where the circumscribed phlegmon necessarily shows itself. On the contrary, towards the deep layer, the permeability of the tissue which unites the lamellæ,

the easy separation of these lamellæ, and their extent, all tend to permit a continuous and rapid infiltration; the inflammation will extend in a diffuse manner, and a diffuse phlegmon will be easily formed. Even this simple difference in the structure and arrangement of the parts which are the seat of the inflammation, influences immensely its march, and consequently the treatment.

The study, then, of surgical anatomy, cannot be too much recommended, since it alone gives important and useful data for the surgeon. Thus, diffuse phlegmon shows itself in the lamellary tissue, under the skin, in the deep layer of the *fascia superficialis*, and it is here that it spreads and extends to a distance. But its march and extension are always governed by the laws of which we have already spoken, when considering sanguineous tumors, namely, the declivity, the density of the tissues, their permeability and compression. For example, a diffuse phlegmon of the fore arm, instead of marching towards the hand, as the weight tends to carry it there, will proceed towards the shoulder, because below it finds strongly stretched, compact and dense aponeuroses, which prevent it from descending towards the hand; the greater laxity of the cellular tissue of the arm is the cause of this ascension towards the shoulder. Whether diffuse phlegmon be situated superficially, or in the cellular tissue of the deep parts, it always preserves its characters; there is always greater or less extent of mortification of the tissues. Thus, we have seen in the service a woman who had undergone the amputation of a part of the foot; with this woman the stump became violently inflamed, and a diffuse phlegmon appeared. The extension of the disease was prevented, and the patient was cured, but the phlegmon lasted sufficiently long to show its characters, and there was mortification of the cellular tissue. In the deep parts of the limbs the phlegmon does not march in the same sense as when it occupies their superficies, or when it is situated under the skin. We know that if it obeyed the law of gravity, it would go downwards, and we also know that the compression of the tissues by the muscles may destroy the influence of this force in the limbs. Suppose that a diffuse phlegmon occupies the inferior and thick part of the calf of the leg, the muscular contraction and the force of gravity will cause it to be propagated downwards; on the contrary, if it occupied the superficies, it would proceed upwards, the cellular layer being more dense and extended below, and more abundant above. The real danger of diffuse phlegmon arises from the fact that there is an irresistible tendency to diffusion; no adhesive process is set up during its course to prevent its extension. The cure of diffuse phlegmon is totally unlike that of ordinary phlegmon. Often, there is not a complete reparation of all the tissues affected and mortified. The muscles, deprived of their cellular sheath, themselves destroyed, will not be repaired; the adjoining fibres will adhere to one another, different fleshy bundles will be confounded, perhaps thus destroying the function of the part, and stiffness, indurations, retractions and deformities, of many kinds, will be induced. If it is the skin, the sub-cutaneous cellular tissue, which is mortified, there will be obliteration and destruction of the vessels, which carry the nutrition and

life from the deep to the superficial parts; the mortified skin will not be reformed, a cicatrized tissue will replace it. It is thus, that when the skin has been mortified in a great extent, the limbs become, thus to say, shipped, and amputation becomes a sad but imperious duty. What we have already said is sufficient to decide us to a prompt and bold treatment of a disease which may become so terrible; to put aside all hesitation and delay, to employ rapidly an energetic treatment. We should endeavor to prevent suppuration; but the third day arrived, we must no longer hope to see the disease retrograde; resolution is become impossible, and the bistoury becomes in our hands the most powerful means to prevent the ulterior progress of the disease. What are the means to employ for the resolution, or rather to avoid the suppuration? The best means, without contradiction, is a methodical pressure; what is especially heroic for the limbs is compression, applied in time to arrest the incipient inflammation, when the tissues are not yet mortified; and it is necessary that the compression be well applied, for we can expect no satisfactory result if the compressive bandage be not perfectly well applied. The compression being well applied, the tissues are brought together, the circulation of the blood is prevented, and in three or four days the patients are sometimes cured. This is the remedy that Velpeau proposed some twenty years since, and which he has daily employed, and it is now much more employed than formerly. Velpeau insists upon the means we ought to employ to obtain an equal compression, which would be easy if the limbs were perfectly cylindrical, but which become difficult because the limbs have so many projections and depressions. Another plan of cure consists in bleeding; but this must be frequent and general; this means does not always arrest the disease, and is not so much to be relied on as compression.

Another resource, still, consists in frictions with mercurial ointment; this often succeeds; flying blisters often succeed very well, but they should be very large, and applied so as to extend beyond the limits of the disease. It is a good means, because if there is not as yet suppuration, it may prevent it, and, if it is established, blisters do not aggravate the disease; it limits it, as it arrests the inflammation of the more distant parts, when there is not as yet suppuration. When we have no longer hope of success from these means, we must resort to incisions, and make many openings to the mortified part.

[To be continued.]

HYDROCEPHALUS.

[Communicated for the Boston Medical and Surgical Journal.]

By this term I mean that stage of a disease, which some have called arachnitis, phrenicula, hydrocephalus acutus, &c., in which symptoms of effusion, softening of a portion of the brain, or other alteration, has taken place, essentially affecting its functions. In the course of a long practice many cases of irritation and inflammation of the brain or its

meninges, tending to the state which I call the hydrocephalic, have undoubtedly been relieved, under my observation and care, before the supervention of dropsy; but after the occurrence of symptoms indicative of that event, I have seen but two recoveries. The first was the case of a female child, 3 or 4 years old, in which the effusion of lymph was indicated by the pulse, the dilated pupils, enlargement of the head and distortion of the eyes. The case was treated with alterative doses of calomel, counter-irritation, with epispastics, diuretics and cathartics. The head remained enlarged, and the eyes distorted, after recovery. The second case was that of a boy, about 2 years old. After a course of lung fever, decided symptoms of dropsy of the brain made their appearance. For eleven days the child manifested total inability, most of the time, to see or to hear. The pupils of the eyes were dilated, and remained so when exposed to a strong light. The treatment consisted in the daily exhibition of cathartics, either of calomel, aided in its operation by castor oil, senna or rhubarb, generally of calomel and rhubarb combined; epispastics to the nape of the neck, behind the ears, over the whole scalp, and, at last, on the nape of the neck again. Also, diuretics, such as spirits of nitre; spts. nit. with ol. terebinth.; spts. nit. with tinct. lyttæ and vin. colch. Signs of amendment were first noticed immediately after the second vesication of the neck. The recovery was perfect. The case occurred in this town, four years ago. I suppose the assiduous use of mercurial cathartics had a large share of influence in the curative process. The successful result of the treatment, in these two cases, inspired the writer with some degree of hope, under circumstances which, previously, had only filled him with dismay. Alas! he has recently met with a case whose fatal termination has almost deprived him of that hope, which, though faint and feeble, was yet fondly cherished.

On the 27th ult. I was invited to visit Miss Louisa Foster, an excellent young lady in the town of Leyden. Miss F. was engaged in teaching a school, and boarded at her father's. For several days previous to any sign of disorder in the head, she complained much of weariness, at the close of her daily task. On the 17th, she complained of pain in the back. Pain in the head commenced on the 18th, and, although it increased daily in severity, she continued in her school up to the close of the 21st. In the evening of the 23d, a physician was sent for; a young gentleman of much promise, Dr. Cross, of Leyden. The pain in the head was then severe, attended with vomiting, constipation of the bowels, intolerance of light and noise, and pulse at 140 per minute. Dr. C. opened a vein and took about six ounces of blood. This caused so much depression of the vital powers, that a repetition of venesection was not attempted. The pulsations, after this, were in daily succession found to be as follows:—40, 75, 56, 56, 66, 78, 100, 84, 76. At my first visit, on the 27th, there was great thirst, vomiting, tenderness at the epigastrium, pain in the head, and obstinate constipation of the bowels. A vesicatory was applied over the stomach, and on the nape of the neck, cold water to the head, and sinapisms to the feet. In-

jections were frequently administered, and small doses of calomel by the mouth. As soon as any active cathartic could be retained, croton oil was given, beginning with one and increasing to three drops for a dose, frequently repeated, until the bowels acted. Afterwards, cathartic doses of calomel, followed with the oils of castor and turpentine, or with croton oil, were daily exhibited. No very thorough and free operation upon the bowels, however, was accomplished. With the constipation of bowels, there was also considerable deficiency of secretion from the kidneys. On the 30th, the symptoms of effusion were, for the first time, unequivocally manifest. The pupils of the eyes were somewhat dilated, and were unaffected by exposure to a strong light. The patient sometimes could not see, or could not hear; had indications of coma; complained of great distress in the head, and, two days before death, paralysis of the muscles of deglutition began to take place. In addition to cathartics and diuretics, iod. pot., in ten-grain doses, was commenced with on the 31st, and continued, once in four hours, for three days. This was suggested by a note to the article on hydrocephalus, in Watson's work, and by a report of four cases of cure effected by it, in Wood's Quarterly Retrospect, October, 1847. Death terminated our patient's sufferings, and our unavailing efforts to save her, on the morning of the 5th inst. Her age was 23 years..

JOHN BROOKS.

Bernardston, February 11th, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 23, 1848.

Bills of Mortality.—Although we have had the matter of last year's mortality bills in mind for some time past, returns come in so slowly that the idea of being possessed of sufficient data for ascertaining all that is desirable on this point, in New England, is now wholly abandoned. Like the returns of births and marriages in the State to the Secretary's office, they are too imperfect and too few in number to furnish a correct knowledge of them. Instead of being full returns for the State, or embracing a more extensive range, we have the meagre exhibition of a few cities only. According to the report of the proper officer, 4122 deaths took place in Boston, in 1847. The prominent diseases that swept off that multitude were:—of the bowels, 453; consumption, 544; dysentery, 222; typhus fever 666; infantile diseases, 248; croup, 102, &c. By estimating the population of Boston at 122,000, the above deaths show the mortality of the city to have been 1 in 29.59 or 3.37 per cent. The actual mortality, however, was not so great as this, for many of the deaths took place among emigrants who had but just landed on our shores. The city has been, and still remains, free from epidemics. The public health was never better.

In Baltimore, the deaths in 1847 were 3,798—of which 500 were by pulmonary consumption.

The city of Rochester had 747 deaths. "The increase of mortality over former years," in that city, "is very considerable. This will be seen if we compare the results exhibited above with those obtained in 1846—the only year, excepting the last, in which the interments out of the city, amounting to more than one fourth of the whole number, were ascertained. In that year the deaths were 502 in a population of 25,265, and in the present year we have 747 deaths in an estimated population of 28,000. In the first case the rate of mortality is 1 in 50.32, or 1.98 per cent.; and in the second, the rate 1 in 37.48, or 2.66 per cent.; thus the rate for 1847 is about as high as that of New York city in ordinary years."

Massachusetts Lunatic Hospital.—Dr. Chandler, the successor of Dr. Woodward, has presented the Legislature with the fifteenth annual report, in which we discover that the policy which from the first has raised this institution to one of the best in the world, still influences the trustees, and all others officially connected with it. Something begins to be said of having another, in some other part of the Commonwealth, as this at Worcester cannot accommodate all the applicants. It was a sad mistake that the institution was located on the spot where it is. Before the people of Worcester are aware of it, the insane establishment will be almost in the centre of their new city. Had a farm of some two hundred acres been selected in the first place, remote from the business section of the place, it would have been much better. It is not improbable that this colossal charity, with all its buildings, will be removed to some more suitable site. A feeling that the interests of humanity require this, aside from economy, begins to be agitated. There is not room enough. Patients are made uncomfortable, it seems, and the officers are perplexed with this excess of inmates over the means of accommodation. The year closed with 396 patients. The expense of supporting the institution in 1847 was \$39,444 77. The Report of the Superintendent is a clear, well-constructed, satisfactory document. May the Superintendent long live to solace the afflicted, and befriend those who have neither reason or fortune.

Man's Physical Being and Disorders.—"Medical reform" is the cry through the land; but the sound comes especially from those who know nothing about medicine. A great multitude of ignorant people, including a strong representation of old women, and busybody, antiquated maidens, have raised their loud voices in favor of a medical revolution, which shall comport with their crude notions of a true system of practice. But unfortunately for the clamorous multitude, they cannot agree among themselves upon a plan that all of them are willing to embrace. Still, like the Parisian mob before the Bastille, the shout goes forth—"down with the mighty engine of tyranny—down with the king who preys upon the vitals of the nation." Were it worth while to analyze the different tribes of would-be reformers in the United States, beginning with Thomsonians, the ancestral family of every grade of medicine mongers, down to the no-meat eaters, who would have penal laws enacted against dining on roast beef, it might be shown that there are a few leading spirits, among them, coveting distinction by riding on the shoulders of the vulgar rabble—shouting, as they go, *reform—medical reform!*

A friend has presented us with a small duodecimo, entitled "Medical Reform—a treatise on man's physical being and disorders, embracing an outline of a theory of human life, and a theory of disease, its nature, cause and remedy. By Isaac Jennings, M.D." The book was published at Oberlin, Ohio, a place of some notoriety on account of the new theories and whims which hold a controlling influence over certain persons there engaged in educational pursuits. Only a week ago the papers heralded the astounding fact that one of the faculty of the Oberlin Institute had passed through a typhus fever, without taking a particle of medicine, and, more triumphantly glorious still, without seeing a physician! Well, the book, radical as the most determined bran-pudding advocate could desire, proposes nothing new, although the author seems to suppose that he is entirely original in his views. He has fallen in the ruts on the old road travelled over by our honest vegetable-fed Dr. Alcott—and he drags along, up to the hubs, indulging in the animating idea that he is a pioneer of a new country, never before examined by human eyes. Honoring industry and admiring genius, in whatever department of society they are discoverable, we yet contemplate the writer of a book, whose ambition seeks no higher aim than attempting to prove that all who have preceded him in the practice of physic were ignoramuses or knaves, as being either a lunatic, or a victim in some other way to his own practice. This treatise may have a local interest at Oberlin, and the author be spoken of as a giant, who has taken the bull by the horns with a decided prospect of a triumphant victory; but even this influence will be transient. Dr. Jennings is unquestionably a well-wisher to humanity—but he was not born to convince or reform. His arguments are not current coin all over the Union—and men and women will continue to avail themselves of the services of discreet medical practitioners, as they always have done, without caring a fig for the author of "Man's Physical Being and Disorders," or his protest against modern medicine, the philosophy on which it is based, its teachers and expounders.

Peaslee's Synopsis of Lectures on Physiology.—If Dr. Peaslee discourses upon one half the topics systematically expressed in this published synopsis of fifty-four pages, he certainly gives the students their money's worth. E. R. Peaslee, M.D., is the Professor of Anatomy and Physiology in Dartmouth College, a venerable and excellent institution, which has always enjoyed a high reputation. The medical department has been maintained at a point of elevation entirely satisfactory to the pride of New England physicians. The names of Drs. Nathan Smith, Cyrus Perkins, and Mussey, were pillars that sustained a noble edifice. Dr. Peaslee gives an annual course of lectures on general and human physiology, in which are embraced the subjects referred to in this pamphlet, under appropriate heads, comprising an extensive series of discourses of intense interest, and of great value to the cultivators of physiological science. As Dr. Peaslee is about commencing his lectures at the Medical School of Maine, in Bowdoin College, we suppose that he will pursue the same course there, which meets with applause at Dartmouth, and therefore recommend students to avail themselves of the opportunity of studying physiology systematically, under the guidance of such an able instructor.

Introductory Lecture in New York.—A New York correspondent calls our attention to the alleged reprehensible character of a portion of an introductory lecture delivered in November last, by a medical professor in that city. The parts considered objectionable are those in which the Professor describes the mode in which he has induced abortion. The chief ground of his complaint, however, is not so much the character of the lecture itself, as the fact that its insertion has been procured (he intimates by the lecturer himself) in the columns of the New York Herald, where it appeared on the 13th inst. In connection with this fact, he mentions that some months since the lecturer voluntarily explained, in open Court, in the case of the notorious Restell, "how abortion was to be produced." We insert the latter part of our correspondent's communication, with the remark, that we make no charge ourselves against any one in this matter, as we are otherwise ignorant of the circumstances, but we feel, in common, we trust, with the great body of the profession, that a practitioner cannot be too cautious in disseminating among the mass of the people any information which may operate as a temptation to immorality and vice. He says:—

"The lecturer, after stating that, 'he has been repeatedly consulted, &c. &c.,' goes on to say, 'my opinion in this case was, that the vomiting was sympathetic and produced by irritation of the womb. I therefore suggested the propriety of endeavoring to induce contraction of that organ, in order that its contents might be expelled. This view was concurred in by Dr. W——. Accordingly, *without a moment's delay*, I introduced a female catheter into the womb and ruptured the membranes; and in a short time the uterus contracted, and a mass of hydatids was thrown off. Immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme debility, recovered, and is now in the enjoyment of perfect health.' This lecture was delivered by a member of the New York Academy of Medicine and a professor in a Medical School, and it is published, three months and a half after delivery, in the columns of the New York Herald. Is the Professor desirous of obtaining the business of Madame Restell? What action will the Academy and the Grand Jury take in the premises?"

Prof. Simpson's Process of purifying Chloroform. TO THE EDITOR.—Sir,—Having received a recent communication from Prof. J. Y. Simpson, enclosing the following directions for the manufacture of pure chloroform, I offer them for publication, agreeably to his request, as he says that his previous formula was deficient in not stating the purifying process, which he holds essential in every respect, not only for the safety of the patient, but the success of the application. He believes that all the reputed failures and misadventures with chloroform are attributable to two causes, viz., 1st, using an impure and imperfect variety of chloroform; and 2d, in not giving it in sufficiently large and rapid doses. The formula employed is that of Dumas—R. Chloride of lime, lbs. iv.; distilled water, lbs. xii.; rect. spirit, oz. xii. After being mixed and distilled over, the chloroform is to be separated from the upper liquid, and purified by being mixed with half its measure of sulph. acid, then it is to be poured into a retort and distilled from an equal quantity of carb. barytes. The product should be allowed to stand over quick lime for two or three days, and then be re-distilled. In connection with the above, I have received a particular description of the apparatus employed by Duncan & Flockhart, chemists, Edinburgh, with

their method, and have made arrangements with Mr. N. Hunt to superintend its manufacture, as he has every facility required for the production of a superior article. Yours respectfully,

Boston, February 10, 1848.

E. R. SMILIE.

Boylston Medical Society.—The annual prizes of this Society for the year 1847-8 were awarded to the following gentlemen:—1st prize to Mr. Waldo I. Burnett, for a dissertation on Carcinoma. 2d prize to Mr. Samuel L. Bigelow, for a dissertation on Tubercular Meningitis. 3d prize to Mr. Calvin Ellis, for a dissertation on Inflammation of Mucous Membranes. 4th prize to Mr. Geo. C. S. Choate, for a dissertation on pleurisy.

JAMES C. NEILSON, Sec'y of the *Boylston Med. Soc'y.*

Yellow Fever.—The late epidemic was probably the most extensive that ever prevailed in this city. As to its severity and mortality, there may be difference of opinion. It is impossible to make a correct computation of the whole number of cases. Some have estimated it as high as *twenty or twenty-five thousand*, but we are inclined to think either of these calculations above the truth. As to the mortality, the reports from the cemeteries, as well as they could be obtained from the Board of Health, only make out something upwards of 2300 from yellow fever; but this again is thought by many to be far short of the reality. It is much to be regretted that we cannot obtain greater precision in such important details. The fever raged as an epidemic about two months, and the greatest mortality from it was in September, when the number of deaths reported to the Board of Health, amounted to 1044. During the prevalence of yellow fever in this city, the most frightful and exaggerated reports circulated abroad, but we shall really never get at the truth, unless greater efforts be made than any hitherto exercised.—*N. Orleans Med. and Surg. Jour.*

New Books Received.—Disorders of the *Cerebral Circulation*, and connection between affections of the brain and diseases of the heart, by George Burrows, M.D., &c., with colored plates.—from the press of Messrs Lea & Blanchard, Philadelphia; an elegant and important work.—A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhoea, by M. Lallemand; translated from the French and edited by Henry, J. M'Dougall, &c. Also published by Lea & Blanchard.—A Lecture introductory to a course on Obstetrics and the Diseases of Women and Children, by G. S. Bedford, M.D., in the University of New York.—Phosphorus—an introductory Lecture in the University of New York, by J. W. Draper, M.D., Professor of Chemistry.—A Descriptive Catalogue has been issued by Ticknor & Co., of the anatomical museum of the Boston Society for Medical Improvement, by J. B. S. Jackson, M.D., Curator, &c., of 352 octavo pages, accompanied by a few plates. The collection is exceedingly interesting and valuable.

TO CORRESPONDENTS.—The publication of the articles on Typhus or Ship Fever has been necessarily suspended for the present, Dr. Upham, the author, being unexpectedly called from the city by the death of his father.—“J. Prideaux, M.D., of Vermont,” is a signature too indefinite for the criticisms on the Medical Schools of Philadelphia, and we must therefore decline inserting them.

In South Middletown, N. Y., Dr. John N. D. P. Pronk, formerly of Boston, 72.—At New Orleans, Dr. Wm. J. Powell, Assist. Surg. U. S. N., 35.

Report of Deaths in Boston—for the week ending Feb. 19th, 66.—Males, 36—females, 30.—Stillborn, 10. Of consumption, 17—typhus fever, 10—lung fever, 4—scarlet fever, 2—rheumatic fever, 1—teething, 3—dysentery, 3—croup, 4—hooping cough, 2—diarrhoea, 1—intemperance, 1—canker, 1—inflammation of the lungs, 2—infantile, 2—marasmus, 1—old age, 1—strangulation, 1—disease of the heart, 2—dropsy on the brain, 2—drowned, 1—paralysis, 1—smallpox, 1—inflammation of the bowels, 1—poison, 1—scrofula, 1.

Under 5 years, 19—between 5 and 20 years, 15—between 20 and 40 years, 12—between 40 and 60 years, 16—over 60 years, 5.

Medical Miscellany.—Smallpox has appeared among the lumbermen at the head of Moose Lake, in Maine. It has also appeared at Utica, N. Y., in a female academy, causing a great degree of excitement. At St. Louis, Missouri, it still keeps up an alarm.—Scarlet fever is very prevalent at New Orleans. The Charity Hospital has also an unusual number of typhus fever cases.—Fifteen persons died in Corunna, Michigan, during the three weeks preceding the 28th ult., with spotted fever.—A Philadelphia physician has tried chloroform for asthma, in his own person, with eminent success. He was relieved in a few minutes.—The Washington Union notices the late surprising advantages found to result from the use of chloroform in surgical operations, deadening the pain and preventing writhing of the body, and says: "We understand that the surgeon general of the army of the United States has already taken it in hand: so effectually has this new discovery overcome the first prejudices which oppose bold innovations, that a supply of the article has been sent to the armies of the United States, for hospital purposes."—Dr. Loeck is the medical man who has returned his professional income at £30,000 a year for taxation. Dr. L. expects a baronetcy.—The Legislature of Tennessee have appropriated \$40,000 for a lunatic hospital, in that State, which is very much needed.—By the printed specimens which have reached Boston, it would seem that some pretty significant but not very gentlemanly epithets have been mutually and publicly bestowed upon each other, by a Professor and Student in one of the New York Medical Schools.

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[Feb. 9.—epl'yr.]

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